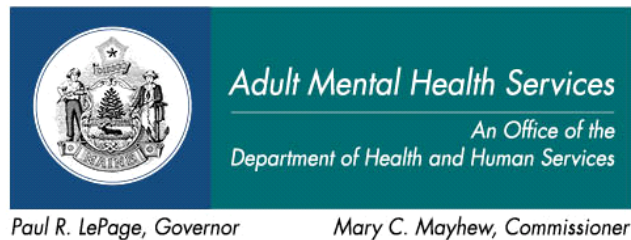


# Dorothea Dix Psychiatric Center

Linda Abernethy, Superintendent  
PO Box 926, 656 State Street  
Bangor, ME 04402-0926  
(207) 941-4000



## Role of Dorothea Dix Psychiatric Center

Dorothea Dix Psychiatric Center (DDPC) operates under laws established by the Maine Legislature to provide care and treatment for both voluntary and court committed patients as well as outpatients. The hospital has its own Advisory Board with by-laws covering organization, purpose, duties, appointment process, committees and relationship to the Medical Staff.

DDPC is part of a comprehensive mental health system of services in northern and eastern Maine which includes community mental health centers with multiple branch offices, private psychiatric and community hospitals and private providers. In addition to the inpatient services, DDPC provides outpatient services for clients who require such support in order to transition to, or remain in, the community.

### Organization

The Dorothea Dix Psychiatric Center was established in 1901 as the Eastern Maine Insane Hospital. In 1913, it was renamed the Bangor State Hospital, and in 1931, was placed within the Department of Health and Welfare. In 1939, the hospital was placed under the Department of Institutional Service, now the Department of Health and Human Services. In 1973, its name was changed to Bangor Mental Health Institute. Its present name was established by the Legislature in 2005.

The hospital received its first accreditation under the Joint Commission in 1976 and has continued to be accredited. It is fully licensed as a hospital of the Maine Department of Health and Human Services and is certified by the Centers for Medicare and Medicaid Services (CMS) to provide acute psychiatric care.

### Program

DDPC operates 51 beds with an additional 3 beds for patients ordered by the court to return to a treatment setting and patients in crisis needing urgent psychiatric hospital care. The hospital is organized into major clinical, administrative, and support service departments. DDPC has three inpatient treatment units, admitting approximately 300 people per year. All three coed units provide an acute level of care. The Outpatient Program is a medication management clinic for patients needing a bridge between hospital and community treatment programs.

### Licensure

Dorothea Dix Psychiatric Center is licensed and accredited by the Department of Health and Human Services Division of Licensing and Regulatory Services, the Centers for Medicare and Medicaid Services and The Joint Commission.



The Joint Commission

## Adult Mental Health Services

An Office of the  
Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

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## Mission

DDPC is dedicated to reducing the burden of mental illness on individuals in our care, on their family members, and on our shared community.

## Vision

We collaborate with individuals with severe and persistent mental illness and with their community and personal supports to provide respectful, compassionate, and effective psychiatric care and treatment in the least restrictive, safest, and most therapeutic environment we can create.

We focus on enhancing symptom management, promoting skill development, increasing knowledge, and challenging people to use their strengths to lead more hopeful and autonomous lives.

We devote ourselves to the most timely return of those we serve to a more independent, sustainable and hopeful life in the community.

# Hospital Metrics



## FY 2012 At a Glance

Admissions - 235

Discharges - 252

Inpatient Days - 17,804

Outpatient Services - 2,595

Average Length of Stay - 63 days

Average Daily Census - 49

Patient Age Range from 19 to 76

## Inpatient Origins

49.3% from Penobscot County

15.8% from Aroostook, Hancock,

Washington & Piscataquis County

34.9% from all other Maine Counties and away

## Top Diagnosis

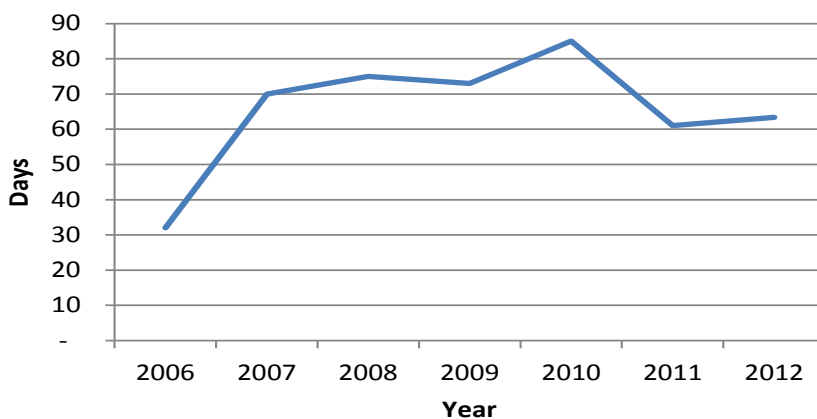
1. Schizoaffective Disorder
2. Schizoaffective Disorder Chronic with acute exacerbation
3. Paranoid Schizophrenia Chronic with acute exacerbation

## Top Medical Diagnosis

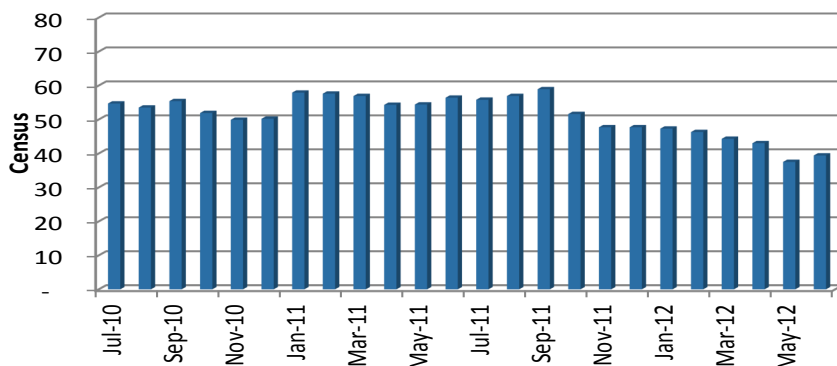
1. Hyperlipidemia
2. Hypertension
3. Diabetes Mellitus 2 without complications

## Dorothea Dix Psychiatric Center

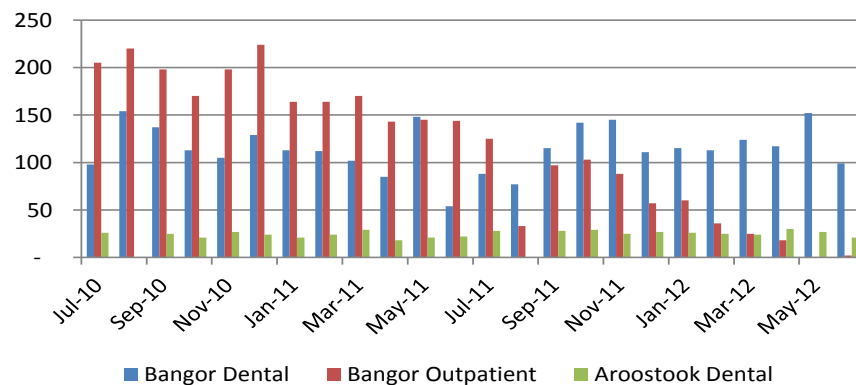
### Average Length of Stay



### Average Daily Census



### Outpatient Services Provided



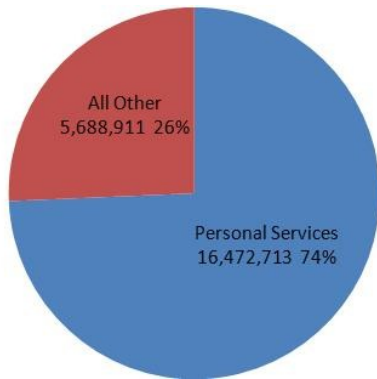
Fiscal year 2012 saw the start of a \$2.5 million General Fund budget reduction at Dorothea Dix Psychiatric Center. Coupled with the reduction to Disproportionate Share funding, DDPC faced a budget reduction of almost 25%. This reduction was accomplished by reducing from 4 inpatient units to 3, transitioning outpatient services to community providers, the equitable distribution of campus related costs to other State departments and as of July 1, 2012, the transfer of the dental clinics to another part of the Department of Health and Human Services.

# Our Finances

## Fiscal year 2012

### Expenditures

**Total Expenditures**  
**\$22,161,624**

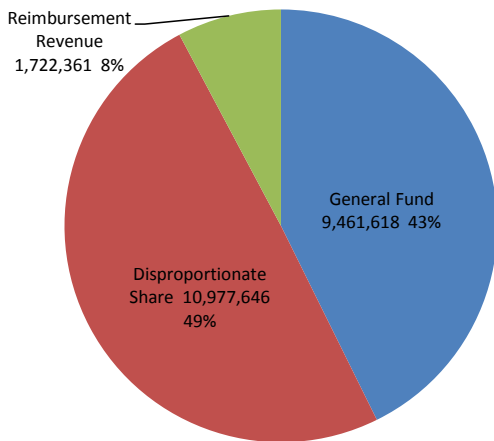


**All Other by Category**  
**\$5,688,911**

All Other Expenditures	
PROF. SERVICES, NOT BY STATE	2,693,412
UTILITIES & FUEL	807,834
SUPPLIES (Including Pharmacy)	792,873
TECHNOLOGY	647,085
GENERAL OPERATIONS	264,964
FOOD	198,844
RENTS	129,386
INSURANCE	73,665
TRANSFERS (Including Sta-Cap)	69,568
OTHER	10,576
GRANTS	704
<b>Total</b>	<b>5,688,911</b>

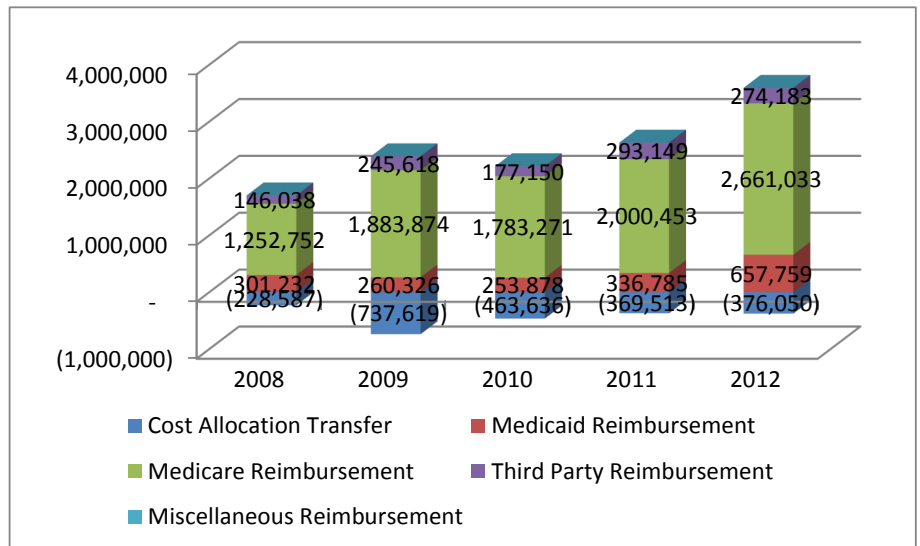
PROFESSIONAL SERVICES NOT BY STATE	
MEDICAL SERVICES	1,279,435
NURSING SERVICES	479,434
PHARMACY MANAGEMENT	424,177
SECURITY	129,486
ANALYST & LABORATORY SERV	101,967
LAUNDRY SERVICES	67,594
TRANSCRIPTION	54,056
ACCOUNT & AUDIT SERVICES	47,450
MISC PROF FEES & SPEC SRV	35,995
RELIGIOUS SERVICES	30,701
FACILITY RELATED SERVICES	25,028
HOSPITAL SERVICES	18,089
<b>Total</b>	<b>2,693,412</b>

### Expenditures by Fund



Disproportionate Share is Medicaid funding available to hospitals which serve a disproportionate number of Medicaid eligible patients. Eligible hospitals are able to receive funding up to their level of uncompensated care. Inpatient psychiatry is not a Medicaid covered service for the adult population. Reimbursement from Medicaid claims for those under 21 or over 65 is included in the Reimbursement Revenue.

### History of Reimbursement Revenues



The Department of Health and Human Services Cost Allocation Plan transfers revenues from non-General Fund accounts to support work performed by the Department. Details of the Cost Allocation Plan and its methodology are available from the DHHS Service Center.

### Independent Audit

Annual audits of the State of Maine are performed by the Department of Audit. Audit reports can be found online at <http://www.maine.gov/audit/reports.htm>.

The Dorothea Dix Psychiatric Center also submits an annual Medicare Cost Report to the Centers for Medicare and Medicaid Services.

# What's Next

## Key Initiatives



### We want to hear from you.

Do you like this report?

Would you like to see other information?

Please let us know by contacting Jenny Boyden at [Jenny.Boyden@maine.gov](mailto:Jenny.Boyden@maine.gov). For more information on our services, visit our website at:

<http://www.maine.gov/dhhs/>

#### Dorothea Dix Superintendents Office

Linda Abernethy, Superintendent  
PO Box 926, 656 State Street  
Bangor, ME 04402-0926  
(207) 941-4000

[Linda.Abernethy@maine.gov](mailto:Linda.Abernethy@maine.gov)

<http://www.maine.gov/dhhs/ddpc/index.shtml>

#### Office of Substance Abuse and Mental Health Services

Guy Cousins, Director  
41 Anthony Avenue  
Augusta, ME 04333-0011  
(207) 287-2595

[Guy.Cousins@maine.gov](mailto:Guy.Cousins@maine.gov)

<http://www.maine.gov/dhhs/mh>

#### Department of Health & Human Services

Mary C. Mayhew, Commissioner  
211 State Street, 11 State House Station  
Augusta, ME 04332-0011  
(207) 287-4223

[Mary.Mayhew@maine.gov](mailto:Mary.Mayhew@maine.gov)

<http://www.maine.gov/dhhs/>

### Future Challenges

Riverview and Dorothea Dix Psychiatric Centers are licensed and accredited hospitals. Both hospitals will undergo accreditation surveys in 2013. DDPC will undergo their survey by June 2013. The survey at RPC is due by November 2013. The hospitals will spend this fiscal year preparing for their surveys.

Staffing at both hospitals pose a challenge. Acuity on the units requiring 1 to 1 or 2 to 1 staffing, call-outs, vacancies and use Family Medical Leave drives not only overtime but mandated overtime. The hospitals are actively recruiting nursing staff to fill vacancies and have instituted a per diem pool in hopes of alleviating some of the pressure on staff. As outliers in all of State government, the Department of Health and Human Services is undertaking a review of their practices around the Family Medical Leave Act.

A review of the Average Daily Census information at Riverview Psychiatric Center illustrates one of the concerns; the increase in the forensic population is crowding out civil patients. Forensic patients may arrive at RPC directly from jail for stabilization, as a result of court order for competency evaluations or restoration of competency or as a result of criminal proceedings where the patient was found Not Criminally Responsible. During the spring of 2012, RPC closed to civil admissions due to the length of our forensic wait list. Although the hospital was designed with 2 wings, one forensic and one civil, we now regularly place forensic clients in what were previously considered civil beds. This is creating additional pressures in the statewide mental health system.

Hospital and Department administration continue to monitor the implementation of the Affordable Care Act. Disproportionate Share Hospital funding is a component of Medicaid used to cover a portion of costs associated with uncompensated care experienced by hospitals due to uninsured patients. The ACA expands coverage options and reduces the amount of DSH funding available beginning in 2014 without expanding coverage requirements for inpatient psychiatric care resulting in a potential funding gap.

### Future Opportunities

RPC and DDPC continue to work collaboratively to turn challenges into opportunities. The hospitals are working with others in the Department of Health and Human Services and the Department of Corrections on alternative ways to serve the mental health needs of the forensic population. Talks will begin soon to explore options for competency evaluations and restoration to competency in settings other than Riverview.

Currently, those adjudicated by the courts as Not Criminally Responsible are sentenced to Riverview Psychiatric Center. Upon their release, strict monitoring and therapy requirements are outlined by the court necessitating that the clients often remain in the Augusta area. The Department is currently exploring alternatives that would allow for the creation of a State operated Assertive Community Treatment team in Bangor which would enable clients with ties to that area and relieve some of the saturation in the Augusta area.

The Department is working with the network of community providers to improve our current gate-keeping system. We hope this will create the opportunity to partner with the community stake holders and redesign the mental health system to accommodate the safe flow of people with acute symptoms through community and crisis programs to the appropriate level of inpatient care.